

CLASS E AMENDMENT FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: _____

I have the following Certificate of Public Convenience and Necessity:

☐ Class E Household Goods # _____
 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**From: _____
(Current Name)_____
(Current DBA, if Applicable)To: _____
(New Name)_____
(New DBA, if Applicable)☐ **Scope of Authority**_____
(Current Scope)_____
(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☐ **Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)**_____
(Name)_____
(DBA if applicable)_____
(Street and/or Mailing Address)_____
(City, State, Zip Code)
 s/ *Dominic Macioce*

 (Signature)

 (Title) Owner, President, etc.

(Telephone Number)